

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to change name on Class C Charter  
certificate

HBH AND COMPANY, LLC

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

RECEIVED

DOCKET

NUMBER: 2008 - 342 - T

JAN 8 2010

T.T.W.W.W

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Laddie T. Howard

Telephone: (803) 799-1430

Address: PO Box 906

Fax:

Columbia, SC 29202

Other:

Email: support@itstation.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input checked="" type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority               |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.)     |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit                  |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request   |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit   |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                                |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                    |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                             |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                                |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response  |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                                |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                      |

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DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

# CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Docketing Department  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896 - 5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

RECEIVED

DATE: 1-8-10

JAN 8 2010

I have the following Certificate:

ORS  
T,T,W,W/W

☐ Class C Taxi #                      ☒ Class C Charter # 8031 ☐ Class C Charter Bus #                       
☐ Class C Non-Emergency #                     

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change ~~(Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)~~

From: HBH and Company, Inc DBA: N/A  
(Current Name) (Current DBA if applicable)

TO: Imperial Transportation Service LLC DBA:                       
(New Name) (New DBA if applicable)

☐ Scope of Authority  
From:                      To:                       
(Current Scope) (New Scope)

☐ Passenger Limit  
From:                      To:                       
(Current Limit Number) (New Limit Number)

Imperial Transportation Service LLC (Name & DBA if applicable) (Street Address)

PO Box 906, Columbia, SC 29202 (City, State, Zip Code) (Signature)

(803) 799-1430 (Telephone Number) (Title)

# *The State of South Carolina*



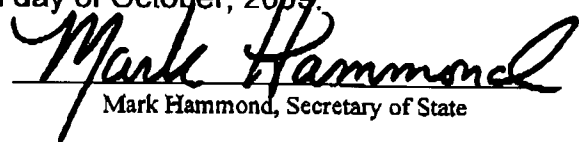
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

IMPERIAL TRANSPORTATION SERVICE LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 8th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
8th day of October, 2009.

  
Mark Hammond, Secretary of State